Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		FCL032114	B. WING		01/2	9/2015					
NAME OF I				27475 710 0005	1 0172	0/2010					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CENTRAL FAMILY CARE HOME 206 E MURRAY STREET DURHAM, NC 27704											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	HOULD BE COMPLETE						
C 000	C 000 Initial Comments										
	Complaint Survey of above referenced for the home was first I 2011 as a Family C who are ambulatory respond without any during a fire or other information we are compliance with the 10A NCAC 13G for 2009 North Carolina	oppin a Section conducted a an January 29, 2015 at the acility. DHSR records indicate icensed on December 08, are Home for six Residents of (able to evacuate and of physical or verbal assistance are emergency). Based on this requiring the home to maintain a following: the 2005 Rules Family Care Homes, and the a State Building Code - ction 421.2 - Residential Care									
		sit, we cited deficiencies that ble plan of correction. They are									
C 153	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	re home shall: lings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing	C 153								
	The facility has a be is in violation of san accordance with D	ed bug infestation. The facility litation regulations in ENR Form 2094 Section 14 L/PREMISES: Outside									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
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C 153	Continued From page 1		C 153									
	openings effectively protected against e flying insects abser and other vermin; a used; premises nealitter and vermin has been been been been been been been bee	rescreened or otherwise intrance of flying insects, and at; effective control of rodents inproved pesticides properly at, clean, drained and free of rborages and breading areas. Trol contractors are currently for bedbugs. Continue the ecommended by the pest in addition to the current plan, and traps on all beds and closures. Move all beds away of all linens and laundry away ide a detailed plan on intake in residents and all preventive be taken to prevent bed bugs into the facility. Contact in when all the required items ollow up survey and a dispection will be performed.										

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Division of Health Service Regulation STATE FORM